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Fax: (858) 658-2502

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Facsimile Transmittal

DATE: November 10, 2005

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Tux Nguyen
Art Unit: 2684

FAX NUMBER: (703) 872-9306

FROM: Milan Patel, Senior Patent Agent for Applicant
Registration No. 41,242

Total Number of Pages Sent: 14 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 030068

ENCLOSED ARE:

- Amendment (11 pages)
- Transmittal (1 page, in duplicate)

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APPLICANT: Lane et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/748,603

FILED: December 29, 2003

FOR: SYSTEM AND METHOD FOR CONTROLLING BROADCAST MULTIMEDIA USING PLURAL
WIRELESS NETWORK CONNECTIONS

Please contact Kate Lane at (858) 658-2047 if all pages do not transmit.

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PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 030068
In Re Application of: Lane et al.
Serial Number: 10/748,603
Filed: December 29, 2003
Examiner: Tux Nguyen
Group Art Unit: 2684RECEIVED
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NOV 10 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

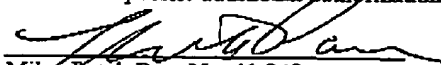
| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|------------------------|--|----------|
| Total* | 47 | 50 | 0 | x \$50 = | \$0 |
| Independent** | 4 | 4 | 0 | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0 |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$120 |
| | | | | <input type="checkbox"/> Two Months | \$450 |
| | | | | <input checked="" type="checkbox"/> Three Months | \$1020 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0 |
| | | | | TOTAL FEE | \$1020 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: November 10, 2005

Signature: Milan Patel, Reg. No. 41,242
(858) 658-6892QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

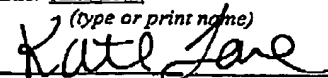
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- ☒ transmitted by facsimile to the Patent and Trademark Office on November 10, 2005

Depositor's Name: Kate Lane

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(TRANSAMD, VER 1.13-04/30/04)

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Attorney Docket No. 030068

NOV 10 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)

Lane, Richard D., et al.)

Serial No. 10/748,603)

Filed: December 29, 2003)

For: SYSTEM AND METHOD FOR
CONTROLLING BROADCAST
MULTIMEDIA USING PLURAL
WIRELESS NETWORK
CONNECTIONS

) Group No. 2681

AMENDMENTMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 10, 2005, the time for responding having been extended until November 10, 2005, please amend the above-identified application as follows:

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Depositor's Name: Kate Lane
(type or print name)

Signature: _____

Kate Lane